

# Authorization Change Request Overview & Process for IDHW (non-ATR 4) & IDOC Clients Transferring to Another Facility at my Agency

The Client is transferring to another facility at my agency and I want to....	Authorization Change Request Type Required?	ASAM Concurrent Review Required?	Consent Required? If Yes, to whom?	Close the Program Enrollment?	Complete a Discharge?	**Close the Intake (case)?
Transfer an <b>IDHW</b> client from Assessment to a treatment Level of Care (LOC) at a different facility at my agency.  <i>NOTE: Specify the new facility in the GRRS and in the Comment section of the Authorization Change Request. Include requests for RSS services (new or additional units) in the Comments section (for your agency or Stand Alone RSS agency). You also have the option to extend the end date of the authorization.</i>	Note to Authorizer	No	Yes, consent the GRRS to DHW Contactor.	Yes, select the termination reason of Transferred.	No	Yes
Transfer an <b>IDHW</b> client to a different LOC at a different facility at my agency.  <i>NOTE: Specify the new facility in the Comment section of the Authorization Change Request. Include requests for RSS services (new or additional units) in the Comments section (for your agency or Stand Alone RSS agency). You also have the option to extend the end date of the authorization</i>	Add New Service	Yes	No	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes
Transfer an <b>IDOC</b> client from one Stage (including Assessment or Pretreatment) to another Stage at a different facility at my agency.  <i>NOTE: Specify the new facility in the GRRS and in the Comment section of the Authorization Change Request. Please select "No" when offered to extend the authorization end date as IDOC authorization date spans are specific in each stage. A "Change to Voucher End Date" request that accompanies an Authorization Change Request for an IDOC client will be denied and the allowed authorization date span will be used.</i>	Change to Service	Yes	Yes, consent the GRRS to IDOC.	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes
Transfer a client at the same LOC to a different facility at my agency (there are two weeks (14 days) <u>or less</u> before the current treatment authorization expires).  <i>NOTE: Specify the new facility in the Comment section of the Authorization Change Request.</i>	Change to Service	Yes	No	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes
Transfer a client at the same LOC to a different facility at my agency (there are <u>more than</u> two weeks (15+ days) before the current treatment authorization expires).  <i>NOTE: Specify the new facility in the Comment section of the Authorization Change Request.</i>	Note to Authorizer	No	No	Yes, select the termination reason of Transferred.	Yes, select the discharge reason of Transferred.	Yes

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I am a Stand Alone RSS provider and I want to transfer a client from one facility at my agency to a different facility at my agency.	Note to Authorizer	No	No	Yes, select the termination reason of Transferred.	No	Yes

**\*\*A new Referral and Authorization will be sent to your agency for the new facility when the Authorization Change Request is approved. After accepting the Referral and Authorization and the client is receiving treatment services, you must complete a new Admission at this new facility. WITS will allow you to bring forward the client’s previous Admission record, when you select Yes, make sure to change the Admission Type to Transfer/Change in Service and update the other fields as applicable**